

Examining Barriers to Adequate Prenatal Care Utilization in Dutchess County

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Background

- Early and regular prenatal care (PNC) reduces the risk of both poor maternal and infant health outcomes. Previously cited barriers to adequate PNC include:
 - Transportation
- Healthcare System
- Distance
- Childcare
- Health Insurance -Mental Health
- Healthy People 2030 Goal: "Increase the proportion of pregnant women who receive early and adequate prenatal care"
- Goal: To improve the rate of adequate prenatal care utilization in Dutchess County, NY

Objectives

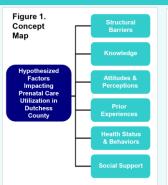
- 1. Quantify PNC utilization among Dutchess County residents
- 2. Determine what socioeconomic/demographic factors may be linked to less than adequate PNC
- 3. Develop and administer a survey to members of identified populations to further understand barriers they may be facing

Analysis Methods

- Data source: 2021/2022 Dutchess Countyresident birth certificate (BC) data from the NYS Perinatal Data System
- Adequacy of Prenatal Care Utilization (APNCU) Index
 - Uses month of PNC initiation, ratio of observed to expected number of PNC visits, and gestational age at birth to group into one of 4 categories
 - Records missing month of initiation, number of visits or destational age excluded from analysis

APNCU Index	Timing of Initiation		Ratio of Observed to Expected Visits
Inadequate	Months 5 – 9	OR	< 50%
Intermediate	Months 1 – 4	AND	50 – 79%
Adequate	Months 1 – 4	AND	80 – 109%
Adequate Plus	Months 1 – 4	AND	110%+

Less than adequate PNC: inadequate + intermediate



30

70%

50%

40%

20%

Survey Methods

- Developed a concept map (Fig 1) based on BC analysis and literature review
- Questions focused on PNC knowledge and access, as well as general health care behaviors and experiences
- Quantitative and qualitative questions
- Pilot survey 15 questions to gauge community willingness and test questions, includes at least 1 question from each factor, as well as general demographic information
- Thus far, the survey has been administered at a community health fair, we are working on identifying other venues for administration

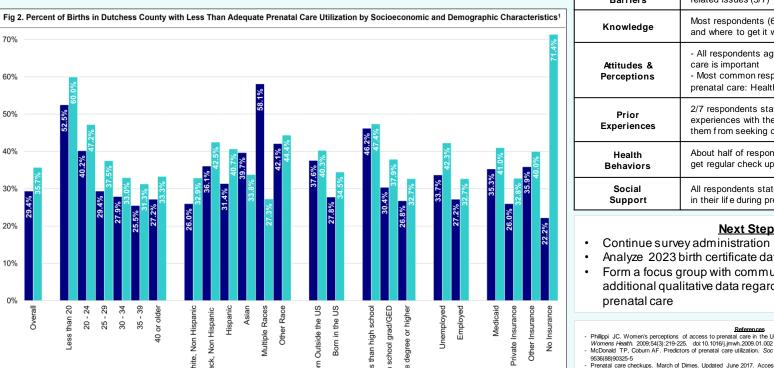


Table 1 Preliminary Survey Results

Table 1. Preliminary Survey Results			
Domain	Responses (n=7)		
Structural Barriers	Most common response: transportation/distance related issues (3/7)		
Knowledge	Most respondents (6/7) knew what prenatal care is and where to get it when pregnant		
Attitudes & Perceptions	- All respondents agreed/strongly agreed that prenatal care is important - Most common response regarding importance of prenatal care: Health of mother and baby		
Prior Experiences	2/7 respondents stated that they have had negative experiences with the healthcare system that deterred them from seeking care		
Health Behaviors	About half of respondents (3/7) stated that they don't get regular check ups		
Social Support	All respondents stated they had a supportive person in their life during pregnancy		

Analysis Results

Figure 2 summarizes results from BC analysis, showing

characteristics with statistically significant differences

Significant characteristics that helped to inform survey

and race/ethnicity (multiple & minority races)

administration include age (less than 20), education (less

than high school), insurance status), (Medicaid/Other),

between APNCU index categories

Next Steps

- Continue survey administration
- Analyze 2023 birth certificate data to understand trends
- Form a focus group with community members to collect additional qualitative data regarding barriers to adequate prenatal care

- Phillippi JC. Women's perceptions of access to prenatal care in the United States: a literature review

- Kotelchuck M. An evaluation of the Kessner Adequacy of Prenatal Care Index and a proposed Adequacy of Prenatal Care Utilization Index. Am J Public Health. 1994;84(9):1414-1420. doi:10.2105/ajph.84.9.1414

